ORAL PIERCINGS

Advice from dental professionals regarding piercings

BACKGROUND

Oral piercing is a popular body modification worldwide and becoming more common, making it likely that the dental practice will see patients who have pierced tongues, lips, and other oral structures. The role of the dentist with respect to educating patients about the piercing complications that can occur often depends on how well prepared the dentist feels about discussing this topic. A survey was done to determine what level of advice on oral piercing dentists in the United Kingdom offer to their patients.

METHODS

A questionnaire was sent to 200 dentists in Wales to determine the perceived confidence of these practitioners in providing advice to patients, the type of advice offered, the sources used by dentists to acquire knowledge, and the perceived need for additional professional information regarding piercing of oral structures. Fifty-three dentists (26.5%) responded.

RESULTS

The results dealt with practitioners' level of confidence discussing oral piercings, warnings regarding oral piercings, advice and guidance offered to patients, and support available for practitioners to facilitate this discussion.

Thirteen (24.5%) of the practitioners felt very confident, 26 (49%) felt moderately confident, and 14 (26.5%) felt no confidence to handle a discussion of piercing. Most had gained their information from experience, but 17% drew on their dental training. Fifteen practitioners had read literature on the topic, and 1 had researched local publications.

Nearly all the respondents gave verbal warnings to their patients about the complications associated with piercing. Three offered no information and said they did not feel confident in discussing the topic with patients. A total of 15 complications were included in the survey and none of the respondents added any more. The most common complications were tooth trauma, gingival recession, and dentin hypersensitivity, with other acute complications including infection, inflammation, and pain. A few offered descriptions of chronic complications such as scarring or tissue hyperplasia. Nineteen practitioners advised patients where to seek treatment when they developed complications, with most recommending the help come from a dentist. Seven advised the patient to return to the piercer, 6 suggested a general medical practitioner, and 7 advised the patient to go to the local emergency department.

Fifty practitioners offered additional guidance. This usually addressed how to minimize the risk of trauma to intra-oral tissues

Figure 1. Midline tongue piercing with stainless steel tongue bar (barbell). (Courtesy of King EM, Brewer E, Brown P: Oral piercings and their complications—how confident are we as a profession? *Br Dent J* 224:887-895, 2018.)

and often advocated the removal of piercings. Two practitioners recommended replacing metal components of the piercings with plastic alternatives, especially in cases where lower anterior teeth were damaged. Thirteen advised patients to come for regular dental examinations to monitor their piercings. Patients were also discouraged from "playing" with their piercings. Hygiene advice was provided by 13 dentists. Verbal advice was used in most cases, but 1 respondent indicated the practice had produced in-house written material to give the patients.

When asked what advice they would like to receive related to piercing management, most respondents indicated a preference for printed information directed toward the patient. Twenty-eight expressed a desire for printed information for professionals, and 13 asked for training courses that provide verifiable Continuing Professional Development (CPD) credit. Twenty

Clinical Significance

Dental professionals should be able to discuss oral piercings with patients and advise them appropriately. They should have information at hand regarding the safety of the practice, the possible complications that can develop, and the treatment of these complications. Ongoing preventive advice is also useful. It's wise to keep informational leaflets handy to share with patients during these discussions. Since this survey indicates a lack of confidence among practitioners with respect to dealing with oral piercings, additional training and access to useful information would be helpful.

practitioners felt the available publications were adequate, but some believed they were not readily available. Thirteen ranked the available publications as insufficient. Two specified that the patient information was inadequate, and 8 were unfamiliar with any publications.

DISCUSSION

Oral piercing is most common in women and usually involves the tongue (Figure 1), followed by the lips and cheeks. The individuals most often having oral piercing range in age from 16 to 30 years, but some as young as 11 to 14 years have been reported. Many complications can develop in relation to oral piercings and dentists need to be prepared to warn their patients about the dangers, but to also manage those who choose to have oral piercings done.

King EM, Brewer E, Brown P: Oral piercings and their complications—how confident are we as a profession? *Br Dent J* 224:887-895, 2018

Reprints available from E King, Morriston Hosp, Restorative Dentistry, Heol Maes Eglwys, Morriston, Swansea, SA6 6NL, United Kingdom; e-mail: elizabeth.king@hotmail.com

ORTHODONTICS

Adult pain experience with orthodontic treatment

BACKGROUND

Pain is a common experience during orthodontics and contributes to patient noncompliance and/or avoidance or discontinuation of treatments. Usually studies investigating orthodontic pain focus on adolescent patients, with little known about the duration and severity of such pain in adults. Many factors have been proposed as contributing to or ameliorating orthodontic pain, including degree of malalignment, analgesic use, and type of appliance. However, evidence indicates that most mechanical factors are unrelated to the pain experience. A prospective longitudinal study was undertaken to evaluate the pain experience of adults having orthodontic treatment and any relationship between the pain experience and various factors.

METHODS

Fifty-eight adults (57% women) from 5 orthodontic practices were undergoing fixed appliance treatment. Their mean age was 34.69 years. They completed pain experience reports using a visual analog scale (VAS) 4 hours, 24 hours, 3 days, and 7 days after the initial bond-up appointment, the first adjustment appointment, and the second follow-up adjustment appointment. In addition, subjects recorded the dosage and timing of analgesic use to address their pain. Their pain experience was assessed for any relationship between analgesic consumption, dental irregularity, gender, or age.

RESULTS

At baseline, the mean irregularity index score was 7.5 mm. Only 10% of the patients required extraction therapy.

Pain Score

The VAS scores increased from the 4-hour time point to the 24-hour and 3-day time points by 7.69 and 2.75 units, respectively, after adjusting for irregularity and appointment. In addition, the 7-day time point VAS score decreased by 4.23 units compared to the 4-hour time point. No significance was found for the interaction between the appointment and the time point. However, the appointment and time point were significant predictors of the pain score at the $P \leq .10$ level of significance. For the 24-hour and 3-day appointments, VAS scores decreased compared with the 4-hour appointment by 8.32 and 5.94 units, respectively, when adjusted for dental irregularity and time point.

Analgesic Use

The use of analgesics declined for the 24-hour and 3-day time points by 55% and 46%, respectively, compared to the 4-hour time point, after adjustments for irregularity, VAS score, age, and time point. For these same time points, analgesic consumption increased compared to the 4-hour time point by 84% and 23%, respectively, when adjusted for VAS, irregularity, age, and appointment. Analgesic consumption declined by 48% at the 7-day time point compared to the 4-hour time point. Appointment and time point showed no significant interaction.

VAS score, dental irregularity, age, appointment, and time point were significant predictors of analgesic consumption at the

Clinical Significance

Adults who undergo fixed orthodontic therapy should be advised that the pain of treatment will be highest 1 to 3 days after the appliance is placed and 1 to 3 days after each adjustment use. They should be instructed to use analgesics as needed during this time and reassured that this is a normal experience for orthodontic patients.